24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LXI LIIDI	TOTILO		PAGE 1	OF 2 OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICAT	
National Nurses United for Patient Prote	C C00490375				
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D /	Y = Y = Y
Full Name of Payee			Date	of Public Distribution	n/Dissemination
Autumn Press				11 12	2015
Mailing Address 945 Camelia St			Amo	unt	
City	tate	Zip Code			28834.92
	CA	94710-1437		saction ID : D68999 of Disbursement or	
Purpose of Expenditure Printing		Category/ Type		11 / 11	2015
Name of Federal Candidate		Support	Office Soug	ht: House	District:00
Bernie Sanders		Oppose	X Presi		State: DC
Calendar Year-To-Date Per Election for Office Sought		44254.94	Disburseme 2016	nt For: X Primar Other (specify) ►	g General
Full Name of Payee			Date	of Public Distributio	n/Dissemination
Alliance Graphics				M M / D D D 11 12	2015
Mailing Address 1101 8th Street			Amo	unt	
City	state	Zip Code			2144.01
	CA	94710		action ID: D689993 of Disbursement or	
Purpose of Expenditure Printing		Category/ Type		11 12	2015
Name of Federal Candidate		X Support	Office Sou	ht: House	District:00
Bernie Sanders		Oppose	X Presi		State:DC
Calendar Year-To-Date Per Election for Office Sought		44254.94	Disburseme 2016	nt For: X Primal Other (specify) ►	ry General
(a) SUBTOTAL of Itemized Independent Expenditures			· [1 7 1 1 7	30978.93
(b) SUBTOTAL of Unitemized Independent Expenditures	s		· -	7 7	
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized				
Carolyn Hietamaki	[Electroni	ically Filed] Date	M M M)15
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	include Ly			FOR SE OF	FORM 24/48			
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION	ON NUMBER ▼			
IN	ational Nurses United for Patient Protection		С	C00490375				
Che	eck if 24-hour report X 48-hour report New report Amends report f	iled on	= M	/ D D /	YIYIY			
Т	Full Name of Payee	Date of	of Publi	c Distribution	Dissemination			
	Alliance Graphics	М	11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Mailing Address 1101 8th Street	Amou	Amount					
ŀ	City State Zip Code				1161.20			
	Berkeley CA 94710		Transaction ID : D689994 Date of Disbursement or Obligation					
	Purpose of Expenditure Printing Category/ Type		11 M	12	2015			
ı	Name of Federal Candidate Support O	ffice Sough	t:	House	District:00			
	Damie Conders	X Preside		Senate	State: DC			
		isbursemen 016		Primary	General			
ŀ				pecify) ►				
	Full Name of Payee Alliance Graphics	Date o	I = M	/ D D /	/Dissemination			
	Mailing Address 1101 8th Street	Amou	11 nt	12	2015			
-	City State Zip Code				12114.81			
	Berkeley CA 94710			D: D689995 ursement or 0				
ľ	Purpose of Expenditure Printing Category/ Type		11	/ D D /	2015			
ŀ	Name of Federal Candidate Support C	Office Sough	t:	House	District: 00			
		X Preside	_	Senate	State: DC			
		oisbursemen 016		Primary	General			
((a) SUBTOTAL of Itemized Independent Expenditures			1 1 7	13276.01			
(b) SUBTOTAL of Unitemized Independent Expenditures								
((c) TOTAL Independent Expenditures			1 7	44254.94			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	Carolyn Hietamaki [Electronically Filed] Date	M = M /	12	/ Y Y 201	Y			
	Signature		12	201				

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